

CLAIMS ONLY

Multiple Dependent

Application Number

10566517

Filing Date

Applicant(s):

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2		1				
3						
4		2				
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Total Indep	2					
Total Depend	18					
Total Claims	20					

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						